

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Eastern District of Wisconsin
(State)

Case number (if known): Chapter 7

☐ Check if this is an amended filing

Official Form 205

Involuntary Petition Against a Non-Individual

12/15

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against an individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

Part 1: Identify the Chapter of the Bankruptcy Code Under Which Petition Is Filed

1. Chapter of the Bankruptcy Code

Check one:

☒ Chapter 7

☐ Chapter 11

Part 2: Identify the Debtor

2. Debtor's name

Apex Commercial Construction, Inc.

3. Other names you know the debtor has used in the last 8 years

Kuehne Company

Include any assumed names, trade names, or doing business as names.

4. Debtor's federal Employer Identification Number (EIN)

☒ Unknown

EIN

5. Debtor's address

Principal place of business

Mailing address, if different

6830 South Howell Avenue

Number Street

Number Street

Oak Creek WI 53154

City State ZIP Code

P.O. Box

City State ZIP Code

Sheboygan

County

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

Debtor

Apex Commercial Construction, Inc.

Name

Case number (if known)

6. Debtor's website (URL) https://kuehneco.com/

7. Type of debtor
☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other type of debtor. Specify: _____

8. Type of debtor's business
Check one:
☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the types of business listed.
☐ Unknown type of business.

9. To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor?
☒ No
☐ Yes. Debtor _____ Relationship _____
District _____ Date filed _____ Case number, if known _____
MM / DD / YYYY
Debtor _____ Relationship _____
District _____ Date filed _____ Case number, if known _____
MM / DD / YYYY

Part 3:**Report About the Case**

10. Venue
Check one:
☒ Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district.
☐ A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.

11. Allegations
Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).
The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).
At least one box must be checked:
☒ The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount.
☐ Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

12. Has there been a transfer of any claim against the debtor by or to any petitioner?
☒ No
☐ Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).

Debtor Apex Commercial Construction, Inc.
Name

Case number (if known) _____

13. Each petitioner's claim	Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
	<u>Wisconsin Laborers Health Fund</u>	<u>ERISA Fringe Benefits</u>	<u>\$ 191,391.50</u>
	<u>Building & Public Works Laborers Vacation Fund</u>	<u>ERISA Fringe Benefits</u>	<u>\$ 20,812.61</u>
	<u>Building Trades United Pension Trust Fund</u>	<u>ERISA Fringe Benefits</u>	<u>\$ 211,081.49</u>
	Total of petitioners' claims		<u>\$ 423,285.60</u>

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

Part 4: Request for Relief

WARNING — Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

I have examined the information in this document and have a reasonable belief that the information is true and correct.

Petitioners or Petitioners' Representative

Attorneys

Name and mailing address of petitioner
Wisconsin Laborers Health Fund

Name
4633 LIUNA Way, #201
Number Street
Deforest WI 53532
City State ZIP Code

Name and mailing address of petitioner's representative, if any
Kent Miller

Name
4633 LIUNA Way, #101
Number Street
Deforest WI 53532
City State ZIP Code

Christopher J. Ahrens

Printed name
The Previant Law Firm, S.C.
Firm name, if any
310 West Wisconsin Avenue, Suite 100MW
Number Street
Milwaukee WI 53203
City State ZIP Code

Contact phone (414) 271-4500 Email cja@previant.com

Bar number 1043237


State WI

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 03 16 2024
MM / DD / YYYY

x Kent Miller

Signature of petitioner or representative, including representative's title


Signature of attorney

Date signed MM / DD / YYYY

Debtor Apex Commercial Construction, Inc.
Name

Case number (if known) _____

Name and mailing address of petitioner

Building & Public Works Laborers Vacation Fund

Name

4633 LIUNA Way, #201

Number Street

Deforest

WI

53532

City

State

ZIP Code

Name and mailing address of petitioner's representative, if any

Anthony Neira

Name

6310 West Appleton Avenue

Number Street

Milwaukee

WI

53532

City

State

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

3 16 2024

MM / DD / YYYY

x

Anthony Neira
Signature of petitioner or representative, including representative's title

Christopher J. Ahrens

Printed name

The Previant Law Firm, S.C.

Firm name, if any

310 West Wisconsin Avenue, Suite 100MW

Number Street

Milwaukee

WI

53203

City

State

ZIP Code

Contact phone (414) 271-4500

Email cja@previant.com

Bar number 1043237

State

WI

x Christopher J. Ahrens
Signature of attorney

Date signed

MM / DD / YYYY

Name and mailing address of petitioner

Building Trades United Pension Trust Fund

Name

500 Elm Grove Road, #300

Number Street

Elm Grove

WI

53122

City

State

ZIP Code

Name and mailing address of petitioner's representative, if any

William Bondler

Name

17125 West Cleveland Avenue

Number Street

New Berlin

WI

53151

City

State

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

3 18 2024

MM / DD / YYYY

x

William Bondler
Signature of petitioner or representative, including representative's title

Christopher J. Ahrens

Printed name

The Previant Law Firm, S.C.

Firm name, if any

310 West Wisconsin Avenue, Suite 100 MW

Number Street

Milwaukee

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53203

City

State

ZIP Code

Contact phone (414) 271-4500

Email cja@previant.com

Bar number 1043237

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x Christopher J. Ahrens
Signature of attorney

Date signed

MM / DD / YYYY